

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

481

**1. PLACE OF DEATH**

15 County Camden  
Township Russell  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 130  
Primary Registration District No. 5173

File No. \_\_\_\_\_  
Registered No. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Bazzle Parrack

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gara Parrack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20<sup>th</sup> - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 1 \_\_\_\_\_

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) 1-20-33 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) St. Camden Mo. (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME James B Parrack

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Mary West

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Alfred Parrack (ADDRESS) Branch Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macke Creek Cemetery DATE Jan 21<sup>st</sup> 1933

19. UNDERTAKER R. T. Brown (ADDRESS) Macke Creek Mo.

20. FILED 1/21/1933 D. J. Fryers Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Unknown (Had no attending Physician)

Date of onset 1/20/33

Other contributory cause of importance: 2006 2003

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify Local Registrar

(Signed) G. S. Myers M. D.

(Address) Macke Creek Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

